been used for all the cases requiring low spinal anesthesia. More recently local anesthesia, alone or supplemented with pentothal, is used for cases of fissure and hemorrhoids. For perineal-abdominal excision of the rectum some surgeons use spinal anesthesia alone and other surgeons use spinal anesthesia and then have the patient anesthetised with pentothal and kept lightly asleep with nitrous oxide or a small amount of ether. Blood pressure is kept at safe levels with pressor drugs such as ephedrine or methedrine.

F. A. M.


When the decision of selecting the anesthetic agent of choice for a particular patient is made, the point of prime consideration is the safety of the patient. For the average patient, in good physical condition, practically any of the common agents in use at the present time are safe providing one realizes the capabilities of the agent. The same agents may be made extremely dangerous by the person administering them. The choice of a local or a general anesthetic will depend on the temperament of the patient. Post-operative complications occur equally after local or general anesthesia.

In the bad-risk patient the real problem of the choice of anesthetic presents itself. The elderly or very young patient also presents a particular problem. Excepting babies, all children benefit from premedication. For children nitrous oxide provides a rapid and quiet induction. Vinethene or ethyl chloride give satisfactory results. For long operations the drug of choice is ether administered by the semi-open drop method. Local analgesia may be used in very young children who have received sedation.

A weak anesthetic is satisfactory for the aged and for those patients who are suffering from long general debility. Pentothal, low spinal analgesia, or weak mixtures of cyclopropane with oxygen or ether with oxygen may be used. High spinal analgesia may cause a fall in blood pressure which is not tolerated well by elderly patients. Curare may be used to advantage in the aged. In hypertension or cardiovascular disease the anesthetic should not excite the patient nor cause marked changes in the blood pressure. In an emergency, in the presence of acute respiratory infection, local anesthesia is the agent of choice. It has been found that ether has no harmful effect, in pulmonary tuberculosis, than other agents. With recent advances in the control of diabetes any agent, with careful premedication and post-operative treatment should be satisfactory. Pentothal is being used more widely in ophthalmological surgery.

Proper precautions to prevent complications will reduce disturbing post-operative experiences.

F. A. M.


Sympathetic nerve block relieves the vascular spasm and the pain in thrombophlebitis and allows collateral circulation to become effective. In 1943, Edwards and Hingson used continuous caudal analgesia in the specific treatment of thrombophlebitis of the leg. Thirty cc. of 1.5 per cent metylicaine in Ringer's solution is injected into the sacral space. Twenty cc. of the solution is injected per hour for four hours or more for prolonged effect. During the "rest" periods the needle is left in place and the patient